



## Sedona Police Department

### Sedona Community Police Alliance (SCPA) Volunteer Application

Please fill out this application as completely and correctly as you can. By doing so, you will help us match your special skills and interests with volunteer needs within the Sedona Police Department.

For security reasons, we must conduct a basic clearance check before you can be offered a volunteer assignment. Please give your full name, social security number, date of birth, and sex. You will be asked for further background information only if a specific volunteer assignment calls for a full security check.

Thank you for your interest in supporting the community through the Sedona Police Department. We look forward to working with you.

\*\*\*\*\*

A. **PERSONAL INFORMATION:** (You must complete the first two lines.)

Name: \_\_\_\_\_  
(last) (first) (middle)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: F M

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_ U.S. Citizen: ☐ Yes ☐ No

Foreign Languages: Spoken \_\_\_\_\_ Written \_\_\_\_\_

Please give a brief description of your educational and/or employment background. Include other volunteer work, if appropriate.

B. **VOLUNTEER ASSIGNMENT:** (Interests, preferences, etc.)

Approximately how many hours per week would you be available? \_\_\_\_\_

What times and days would you prefer to work? \_\_\_\_\_

C. List all drivers licenses you now hold and indicate if you have ever had your license revoked or suspended.

state	license type	license number	expiration	revoked/suspended
state	license type	license number	expiration	revoked/suspended

List all traffic citations you have received in the last five years.

charge	issuing agency	disposition of citation
charge	issuing agency	disposition of citation
(Use additional page if more space is necessary.)		

**PLEASE READ THESE PARAGRAPHS AND SIGN BELOW:**

I understand that the Sedona Police Department will conduct a basic clearance check on my name, social security number, date of birth, and sex before offering me a volunteer assignment.

I understand that, as a volunteer for the City of Sedona, I will be fingerprinted and that this will be kept on file with the police department.

I also understand that my services as a volunteer for the Sedona Police Department may be terminated at any time upon notice from either myself or the Police Department. The cause for termination need not be shown.

\*\*\*\*\*

The information I have provided on this application is both complete and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)